Source: Orchard Place

System of Care Walk-through Exercise Response

Pre-transition home:

1. Referral would come from DHS or JCS, whichever placed the child.
2. The SOC Project Supervisor would contact the family and arrange for an initial meeting with the assigned Care Coordinator, typically in the family home. The wraparound facilitator would also be included. Given that the parents are not together, ideally the initially meeting would involve meeting both parents together, possibly at an office setting.
3. At the initial meeting, SOC would explain about SOC services and the goal of coordinating services and supports to bring the child back home and ensure success. The family would be engaged in discussion about what they believe would be needed to successfully bring the child back with the options of the child going directly home, to a short term PMIC for transitional step-down services, or foster care as a step-down.
4. Releases would be signed and contact information would be gathered for the current providers.
5. SOC would gather historical information from the family and get the family story about what happened that led to the child being placed. Focus would be on strengths of the family and child to understand what assets they have already which would help the child be successful. Additional questions would center on what the family believes they need for the child to be successful at home and in the community and understanding fears that the family has.
6. Staff would review what informal supports are in place currently and what services have been used in the past to assess what providers the family may want to use upon the child's return to the community. Additionally, this will provide information on who would be involved in wraparound meetings. The home school district will be identified.
7. The family would be guided to select a provider/agency that works well with children with the presenting issues and also communicates well with other providers including psychiatrists, educational staff, BHIS providers, and would attend wraparound meetings. Functional Family Therapy may also be utilized to work on communication and relationship issues. Research has shown this to be effective in working with families with youth who demonstrate defiance.
8. If the family has not been engaged with other support services related to psycho-education on how to parent a child with serious mental health issues, the family would be encouraged to attend Parent Education Groups and also to engage in services for family peer support.
9. The care coordinator would contact past and current providers to gather past documentation related to psychological and psychiatric assessments as well as up to date medical information. The care coordinator will work with the family and current placement to arrange a conference call or meeting with the child to discuss what a successful return to home would look like.
10. The care coordinator will work with the family to complete paperwork for the Children's Mental Health Waiver and seek respite resources through local providers.
11. A wraparound meeting will be held, likely 3 weeks or so after the initial meeting, using a phone conference to bring in the out of state providers and the child. The meeting ideally would include both parents, care coordinator, referring worker, future therapist, future BHIS provider, current and future school personnel, current treatment providers, attorneys, crisis staff from shelter and possibly mobile crisis staff, friends and family, neighbors, and employers (if the family agrees). A plan will be developed for what services will be in place, crisis intervention, and educational plan. This would likely include therapy, psychiatric medication management, possible substance abuse services, BHIS, respite, family peer support, psycho-education for family, educational supports and services, and coordinating work schedules around care taking

for the child. The school could pursue opportunities for him to be involved with athletics in some capacity. Due to his age, the County should also be involved in longer term planning for life after high school/18 years old. A key to successful planning will be to work with current service providers and the family to understand triggers for acting out for both the child and the family in order to plan for services to deal with those antecedents and behaviors. Wraparound meetings will be held as often as the family would like to plan for the transition.

At transition:

1. Regardless of whether the child moves directly home or to a transitional environment such as a PMIC, additional supports and services will need to be in place. The SOC will work with local providers to arrange for a psychiatric appointments and therapy appointments in the home community, skill development/crisis management services for any location. Additional services could include Family Peer Support and Substance Abuse services.
2. Based on past-precedent from a number of years ago when kids were brought back from out of state through DECAT, the transition would likely take place through a step-down approach through a PMIC if the parent chose that option. Historically, these were 90 day plans involving both educational transitions and planning along with frequent contact and visits to the home with supports in place. A key dynamic is to ensure that the family does not get overwhelmed either with too many behaviors and not enough support or at the other end of the spectrum, too many meetings with too many providers that there is not enough down time to let them just be a family.
3. During the transition time, the family would keep scheduled appointments with a therapist, BHIS provider, family peer support, substance abuse services if needed (level of care to be determined by existing providers), and family doctor.
4. Expectations related to rules at home and in the community would have previously been established with the existing placement therapist and family and communicated to the care coordinator. During those therapy sessions, the child would also be communicated with about services that would be in place and expectations related to those. He should be a part of the wraparound planning team initially in determining what services and supports would be in place so none of those should be a surprise to him.
5. A wraparound meeting will be held during the transition time to assess progress in meeting needs of the child/family and ensuring the family voice is heard. These meetings will be scheduled as often as is needed to ensure supports and services are being effective and planning can be revised as needed.

Post-transition home:

1. This will be a continuation of the transitional period. The child will have been home frequently during the transitional period and the post-transition period will be marked by the child residing at home only. Services will continue as planned.
2. Initially, wraparound meetings may be scheduled monthly until stability is demonstrated and then occur less frequently and as requested by the family/team.
3. The care coordinator will keep in regular contact with the family, school, and providers to assess progress/barriers and communicate with other team members about issues that develop.

In a crisis:

1. This will be the key area to ensuring success. This starts with ensuring an accurate diagnosis and treatment. Based on the information provided, the child likely has been diagnosed with a variety of diagnoses including ADHD, ODD, Conduct Disorder, Substance Abuse, and possibly a

Mood Disorder. Based on the limited information, it appears that there may be an underlying mood disorder, possibly Bipolar Disorder, which could explain the sporadic impulsivity and using substances to cope with moods. It also points to the necessity of medication compliance. A trusted psychiatrist is vital to assess the diagnosis and having access to past records including psychological assessments and psychiatric assessments may be useful.

2. To achieve medication compliance (which has been a past issue), it will be important to ensure an adult is monitoring taking the medication. An incentive plan may be utilized in which he is rewarded with activities, gift cards, or even money to increase the likelihood of compliance. Initially, he will likely be motivated to comply so the incentive may be added in at a later point in time. Unfortunately with mood disorders, it often takes trial and error to get the "right" medication combinations.
3. Pro-active planning with services and supports will hopefully reduce the potential for crises as well. Through working with the school, potentially he could be invited into a positive peer group and encouraged to participate in 1-2 extra-curricular activities. This could reduce the potential for crisis.
4. Educational support will also be key as his behaviors at school could lead to multiple suspensions and unsupervised time at home. It appears unlikely that his past behaviors and grades would not have qualified him for an IEP. Through the initial work with the local school district, his behaviors and academics could be re-evaluated in conjunction with the school he attends at placement. Ask Resources would also be invited to the initial wraparound meeting to help encourage the school to meet his educational needs and advocate for the family.
5. Knowing that even with the best of plans, there will still be issues, ensuring access to supports in crisis is vital. Due to the perceived high level of need, there are several options that could be considered. At a minimum, BHIS provider(s) could be utilized for crisis support. The therapist's office would provide access to on-call support for verbal processing and de-escalation strategies and if needed the recommendation to utilize more intensive services. The family could contact or go to the local shelter for crisis assessment. If the behavior is escalated to the point of physical aggression, the local police department and mobile crisis team could be called to the home to intervene. Similarly, the Family Peer Support person could also be available. These are all minimal expectations of services available to most families. Through wraparound meetings, ideally neighbors and extended family would "buy into" helping the family with crisis respite either for the parent to leave the house or the child to go to someone else's home.
6. To tailor services to the family, there may be a need for more creative services. The family could provide a name of a person who would be in the home during critical hours or an agency could provide a staff to be in the home during those hours. This would likely be a paid person who has skills in de-escalation, but is not there to necessarily provide skill building, but to more or less be a presence in the home. The times for this person would be determined by the family initially and adjusted as needed over time.
7. Another option to consider would be to pay a parent to stay home. Given the work hours of the mother, she may not be available or awake during certain crucial times. Given the cost of out of state placement at $400 per day on the cheaper side, this adds up to $146,000 per year. It may be practical to consider paying the parent $35,000 per year to be at home instead. Ideally, both parents could work together to coordinate work schedules and whose home the child lives in and perhaps using the 20 year old brother to also help, however, we may be setting up the child for difficult, frequent transitions between homes and putting a 20 year old sibling in a care taking role when there may not be the maturity to do this. There is also the likelihood of ongoing sibling conflict with the 13 year old sister. The coordination of schedules would be discussed in the wraparound meetings.

8. Due to the history of poor judgment, substance use, and risk of truancy, tracking services may also be considered.
9. Given the previous threats of suicide and history of physical aggression, hospitalization or partial program may be utilized occasionally. Given the number of supports working with the family, this is something that could be processed with the therapeutic supports in place if needed. If behavior became extremely aggressive for an ongoing duration, a PMIC setting could be used for a 1-2 month period for intensive psychiatric stabilization and therapy similar to the transition period. This should only be considered if there were ongoing safety issues that were not getting stabilized through ongoing psychiatric services and hospitalizations, if it reached that point. A short term stay in shelter or detention could still be utilized though with the goal of returning to the home instead of a PMIC as long as therapeutic and psychiatric services were continued.
10. Through any ongoing crisis situations that are more chronic in nature, wraparound meetings would be utilized to bring the team back together to problem solve.

In Coordination with his home school:

1. As indicated earlier, the school and educational providers/administrators would be involved in the process from the beginning to determine the most appropriate educational environment to meet his needs. The school would be an ongoing presence at wraparound meetings and work together with supportive services to meet education and behavioral needs. The care coordinator would ensure the school is kept apprised of therapeutic issues and recommendations that may impact school performance/attendance.
2. BHIS providers could supplement behavioral interventions being utilized in the school in times of crisis.
3. School behaviors likely will be a driving force in the child remaining at home. If his behaviors deteriorate, he could easily end up receiving home bound services for a couple hours per week. It is vital that supports and services continue to address behaviors in school. If he would end up out of school for a lengthy duration, this could drive the family to seek out of home treatment again. Historically, System of Care has worked with families to find some structure activities and camps during the summer to provide positive, structured time and alleviate some of the burden on the family. These activities are not readily available during the school year.